



ONE CITY. ONE JACKSONVILLE

## Law Enforcement Officers, Firefighters Public Safety Officers (Reserve, Volunteer & Auxiliary) State of Florida Statutory Death Benefits and Federal Death Benefits

The following definitions and examples are designed to help you understand the death benefits available to you under Florida law as a Law Enforcement or Public Safety Officer employed by the City of Jacksonville, Florida.

These definitions and examples are a summary of some of the benefits available to you and are solely our interpretation. In no way does this summary supersede Florida statute or the Master Contract held between the City and Hartford Life Insurance Company.

Neither the City of Jacksonville, nor its Agent, will be held responsible for claim determinations made by Hartford. Refer to sections 112.18, 112.181, 112.19 and 112.191 of the Florida statutes for more information about these benefits.

### ***Classification and Schedule of Benefits for members to be covered:***

<b><u>Class</u></b>	<b><u>Description of Class</u></b>
I	All full-time sworn law enforcement officers of the City of Jacksonville and the Jacksonville Aviation Authority
II	All part-time sworn law enforcement officers of the City of Jacksonville
III	All full-time and part-time bailiffs of the City of Jacksonville
IV	All full-time and part-time certified correctional officers and correctional probationary officers of the City of Jacksonville
V	All reserve, volunteer or auxiliary officers of the City of Jacksonville
VI	All certified full-time firefighters of the City of Jacksonville
VII	All certified volunteer firefighters of the City of Jacksonville

### **The Benefits are as follows:**

#### **IN LINE OF DUTY - \$75,000.00** \*(Combined with Heart Benefit)

This benefit is payable when the individual, while engaged in the performance of his or her duties, is accidentally killed or receives accidental bodily injury which results in the individual's loss of life, as long as the death is not the result of suicide or the bodily injury is not intentionally self-inflicted.

**FRESH PURSUIT - \$75,000.00**

As defined by Florida statute, the term "Fresh Pursuit" means "...the pursuit of a person who has committed or is reasonably suspected of having committed a felony, misdemeanor, traffic infraction, or violation of a county or municipal ordinance. The term does not necessarily imply instant pursuit, but pursuit without reasonable delay." The Fresh Pursuit benefit may be paid in addition to the In Line of Duty benefit.

For law enforcement officers, the individual must be accidentally killed as a result of his or her: response to fresh pursuit; response to what he or she reasonably believes to be an emergency; response at the scene of a traffic accident; or, enforcement of what he or she reasonably believes to be the violation of a traffic law or ordinance.

**For Firefighters:** Accidental Death must occur in response to what is reasonably believed to be an emergency involving the protection of life or property.

**UNLAWFUL AND INTENTIONAL DEATH - \$ 225,000.00**

For law enforcement officers, this benefit is payable when, while engaged in the performance of his or her duties, he or she is unlawfully and intentionally killed or dies as a result of such unlawful and intentional act. For example, if a law enforcement officer is intentionally shot, stabbed, or run down by a vehicle while in the line of duty, etc., resulting in his or her death, this benefit would be payable. Simply put, this is considered murder.

**For Firefighters:** This benefit is payable when, while engaged in the performance of his or her firefighter duties, he or she is unlawfully and intentionally killed as a result of a fire which is determined to have been caused by an act of arson, or subsequently dies as a result of injuries sustained from arson.

**HEART DISEASE, HYPERTENSION, or TUBERCULOSIS – "In the Line of Duty Benefit" \$75,000.00**  
**On Page One is paid**

A condition or impairment caused by heart disease, hypertension or tuberculosis resulting in death shall be *presumed* to have been accidental and to have been suffered In the Line of Duty unless contrary evidence is shown. However, to be payable, the Florida statutes stipulate that "...**such firefighter or law enforcement officer** shall have successfully passed a physical examination upon entering into any such service as a firefighter or law enforcement officer, which examination failed to reveal any evidence of any such condition."

**ACCIDENTAL DISMEMBERMENT:**

The City's insurance policy will pay a percentage of the maximum amount for accidental loss of any of the following: both hands and/or both feet 100%; sight of both eyes 100%; one hand and one foot 100%; one hand and the sight of one eye 100%; one foot and the sight of one eye 100%; one hand or one foot 50%; sight of one eye 50%; loss of speech 50%; hearing in both ears 50%; thumb and index finger of same hand 25%;

**FUNERAL EXPENSE - \$1,000**

Payable under certain conditions

**EDUCATION, TRAINING, DEPENDENT CARE, AND OTHER BENEFITS:**

See F.S. 112.19 & 112.191 Revised: October 2019

**FEDERAL STATUTORY DEATH BENEFIT**  
**U. S. DEPARTMENT OF JUSTICE - IN LINE OF DUTY - \$ 365,670.00**



City of Jacksonville  
**Compensation & Benefits**  
 117 West Duval Street, Suite 150  
 Jacksonville, Florida 32202  
 Phone (904) 255-5555

ONE CITY. ONE JACKSONVILLE

SAFETY OFFICERS AND FIREFIGHTERS  
 GROUP LIFE INSURANCE, SUPP LIFE, STATUTORY DEATH POLICY STATE AND FEDERAL BENEFIT

ACTIVE - FULL TIME EMPLOYEE

SSN: \_\_\_\_\_

Email Address: \_\_\_\_\_

Group Life Insurance Beneficiary Form

Date of Birth: \_\_\_\_\_

Phone Number : \_\_\_\_\_

\_\_\_\_\_  
 EIN                                      Last Name                                      First Name                                      MI                                      Department

**COJ GROUP LIFE BASIC & SUPPLEMENTAL** Percentage must equal 100%

PRIMARY BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	ADDRESS	PHONE	%
1					
2					
3					
4					

**STATUTORY DEATH POLICY (STATE & FEDERAL)**

PRIMARY BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	ADDRESS	PHONE	100%
1					
2					
3					
4					

**CONTINGENT BENEFICIARY NAME(S)** (ONLY PAYABLE IF THERE ARE NO SURVIVING PRIMARY BENEFICIARIES )

1					
2					
3					
4					

**SIGNATURE :** \_\_\_\_\_

**DATE SIGNED :** \_\_\_\_\_

Please DO NOT sign until you are in the presence of a Benefit Representative

**Notary required if you mail this form to the Compensation and Benefits Office**

**Notary Signature :** \_\_\_\_\_

**Date Notarized :** \_\_\_\_\_

**Notary Stamp :** \_\_\_\_\_

**C & B Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_